

FINANCIAL SERVICES

Shady Grove Fertility

INSURANCE BENEFIT QUESTIONNAIRE

Here at SGF, we understand that dealing with insurance companies regarding your infertility coverage might be intimidating. Therefore, we focus on helping you better understand the important questions to ask your insurance provider when investigating details of your policy.

We also encourage our new patients—or current patients with new insurance coverage—to contact their insurance company prior to their appointment to confirm coverage for the diagnosis and treatment of infertility. Having both parties investigate the insurance coverage expedites the overall process and identify any erroneous information.

This information is not a guarantee of coverage and is not an authorization. Claims must be submitted and reviewed prior to any payment.

1. Is the physician/Shady Grove Fertility location listed as an in-network participating provider? Yes _____ No _____
2. Do I need a PCP referral to be seen by the doctor? Yes _____ No _____
3. Will my visit require insurance authorization? Yes _____ No _____
4. Do I have coverage for testing to diagnose the cause of infertility under diagnosis code **Z31.41**? _____
 - a. If yes, what is my co-pay/co-insurance for diagnostic office visits? _____
 - b. Is pre-authorization required for diagnostic testing (lab or radiology)? _____
5. Do I have coverage for treatment of infertility under diagnosis code N97.9? _____
 - a. Do I have coverage for artificial insemination (IUI) (CPT codes 58322, 58323, Z31.89)? _____
 - b. Do I have coverage for in vitro fertilization (IVF) (CPT codes 58970, 58974, Z31.83)? _____
 - c. Does this plan require a prior authorization before treatment begins?
 - d. Are there age limits in order to access these benefits?
 - e. Am I required to try certain treatments (such as IUI) before moving onto more intensive options (such as IVF)?
 - f. Does my plan cover any genetic testing, such as preimplantation genetic screening (PGS) or preimplantation genetic diagnosis (PGD)?
 - g. Does my plan cover cryopreservation of eggs and/or embryos?
 - h. Are there other specific criteria that must be met prior to accessing this coverage? Yes _____ No _____
 - i. If yes, what is my co-pay/co-insurance? _____
6. Is there an annual or lifetime max that is associated with the infertility benefit? Does this lifetime max include both treatment and medications?
 - a. If so, how much is it and how much is remaining? _____
 - b. Are there any cycle attempt limitations for IUI or IVF? (Example: 3 attempts per lifetime) _____
7. What is my annual deductible? _____ How much is remaining for the current year? _____
8. Is pre-authorization required for any of the following:
 - a. Oral/injectible fertility medications? _____
 - b. Obstetrical/medical sonograms performed in the office? _____
9. Is pre-certification required for services performed in an Ambulatory Surgery Center? _____
10. What is my coverage for "specialty injectible" medications for infertility? (examples: Ovidrel, Gonal-F, Bravelle, Follistim) _____

Per: _____ Date/Time: _____ Phone #: _____ Reference#: _____



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